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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Application Number		10/628,710			
		Filing Date		July 28, 2003			
		First Named Inventor		LIU, Ta-Chang			
		Art Unit		3724			
		Exami	ner Name	Unassigned			
Total Number of Pages in This 6 Submission		Attorn	ey Docket Number	087924-000000US			
		ENCI	OSURE	S (Check all that apply	()		
Fee Transmittal	al Form Drawin		g(s)		After Allowance Communication to Group		
Fee Attache	ed	Licensing-related Papers		d Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment/Rep	oly	Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits/de	eclaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Tim	e Request	Terminal Disclaimer		imer	Other Enclosure(s) (please identify below):		
		Reques	est for Refund		Return Postcard		
Express Abandonment Request		CD, Number of CD(s)		CD(s)	Statement Under 37 CFR 3.73(b)		
Information Discl	osure Statement						
Certified Copy of Document(s)	Priority			The Commissioner is a Account 20-1430.	authorized to charge any additional fees to Deposit		
Response to Missing Parts/ Incomplete Application			I				
	Response to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm	Townsend and T	ownsend a	nd Crew	LLP			
or Individual	J. Georg Seka Reg. No. 24,491						
Signature	Tolytelle						
Date	December 22, 2003						
CERTIFICATE OF TRANSMISSION/MAILING							
hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage is first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typod or printed name	O London Clas						

Typed or printed name	Landon Clark				
Signature	Sandar	Clark	Date	December 22, 2003	